

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 20 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F53317** (6)

1. Corporation Name
R.O. PRIEST, INC.

506 NE 5 Ave

Principal Place of Business

Mailing Address

C/O R.O. PRIEST
814 E. ATLANTIC AVE.
DELRAY BCH. FL 33483-5330

C/O R.O. PRIEST
814 E. ATLANTIC AVE.
DELRAY BCH. FL 33483-5330



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
506 NE 5 Ave		506 NE 5 Ave		11/09/1981	03/11/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number		Applied For	
		59-2221012		<input type="checkbox"/> Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
	DELRAY BEACH, FLA			<input type="checkbox"/> \$5.00 May Be Added to Fees	
23. Zip	28. Zip	6. Election Campaign Financing		Trust Fund Contribution	
	33483	<input type="checkbox"/>		<input type="checkbox"/>	
24. Country	29. Country	8. This corporation owes or has paid the current year Intangible		Personal Property Tax due June 30.	
		<input type="checkbox"/> Yes		<input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

PRIEST, R.O.
814 E. ATLANTIC AVE.
DELRAY BCH. FL 33444

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL
85. Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SP	1.1 TITLE	
NAME	PRIEST, R. O	1.2 NAME	
STREET ADDRESS	814 E. ATLANTIC AVE	1.3 STREET ADDRESS	506 NE 5 Ave
CITY-ST-ZIP	DELRAY BCH FL	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	
NAME	PRIEST, CAROL	2.2 NAME	
STREET ADDRESS	13487 BARWICK RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME	MAYS, CAROL J.	3.2 NAME	
STREET ADDRESS	10894 DENOEU RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BCH. FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

R.O. Priest

8-15-97 *FL 33483-5330*

CR2E034 (4/97)